

They are not listening to our commonsense proposals any more than they are listening to the concerns of the American people.

In fact, listening to the proponents of these plans, one gets the sense they are more concerned about their legacies than what the American people actually want. "This is the moment" . . . "Be a part of history . . ." These are the kinds of things they say to each other about health care reform. Here is an idea: How about asking the American people what they want instead?

Everyone wants reform. I have said so almost every day on the floor for months. But a 1,000-page, trillion-dollar bill that cuts Medicare by half a trillion dollars, raises taxes on virtually everyone, raises premiums, and limits the health care choices Americans now enjoy is not the kind of reform Americans want. And what matters more than that?

The views of the American people are relevant in a debate about legislation that will have a profound and lasting effect on their lives. And these same Americans overwhelmingly oppose the 1,000-page, trillion-dollar plans they have seen from the administration and Congress. They have been saying so for months.

Take the issue of cost. One of the things Americans are concerned about is how much this legislation will cost. They are asking the question. They are not getting a straight answer.

We have seen a lot of numbers thrown around. As I have already noted, yesterday we got another one from the CBO. It doesn't tell the whole story. The fact is, the bill it is referring to will never see the light of day. That is because the real bill will soon be cobbled together in a secret conference room somewhere in the Capitol by a handful of Democratic Senators and White House officials.

The other numbers we have seen are intended to explain how much this bill will cost over 10 years. What most people do not realize is that the new plans would not go into effect for another 4½ years. So what is being sold as a 10-year cost is really a 5½ year cost. That means you can take the numbers you are getting and nearly double them.

Here is what we know about the true cost of the three bills we have seen so far: The Budget Committee has determined that the Finance Committee Bill, as introduced, will cost \$1.8 trillion over 10 years, and we do not expect it to get any better from here on out. The HELP Committee bill will cost \$2.2 trillion over 10 years. And the House bill will cost \$2.4 trillion over 10 years. So the average cost of these bills, when fully implemented, is more than \$2 trillion.

Americans are concerned about all this spending. They want straight answers. Advocates of the administration's health care proposal seem to think that the bigger the proposal, the more complicated, the more expensive, the better. That is not what the Amer-

ican people think. They are making it clear. It is about time we listen.

I yield the floor.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, would the Chair please advise when I have consumed 9 minutes.

The ACTING PRESIDENT pro tempore. The Chair will so advise.

#### HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, I congratulate the Republican leader for his comments. If it weren't so serious, he and I and the Senator from Texas would probably all be amused to hear the Democratic leader come here day after day and say the Republicans don't have a health care plan and then attack our plan. That is typical of the kind of talk we are getting about health care reform from the Democratic side. We are getting double-talk.

It reminds me, a few years after I was Governor of Tennessee—it must have been the early 1990s—I was driving along in Nashville as a private citizen. I had the radio on. It might have been an Arkansas radio station, but I think it was a Nashville station. The announcer said: Big news. The Tennessee legislature has passed a new law creating a Medicaid program called TennCare. Here is what it will do. It will cover twice as many people for the same amount of money.

Everybody was happy about that. Nobody had to raise taxes. Nobody had to pay any more money. Twice as many people get health care. I remember what went through my mind: I bet that doesn't happen. That sounds too good to be true.

The same idea went through my mind when I picked up a paper this morning and read: The Senate Finance Committee has finished its work. We are going to give 29 million more Americans health care. It is going to cost hundreds of billions of dollars more, and it is going to reduce the Federal deficit all at once. What went through my mind was: That sounds too good to be true. It sounds like the TennCare story.

Let's remind ourselves what the Republican leader said a minute ago. The

focus is reducing cost. We all know there are people who don't have health care and who need it. We would like to extend it to them. But we can't afford to do that until we reduce the cost of the health care we have. It is going to bankrupt us as individuals if we don't reduce the cost of our health care premiums. It is going to bankrupt our government if we don't stop the growth of health care. Our first goal is reducing cost, which is why the Republican plan for health care is to take several commonsense steps in the right direction—reducing cost—that will get us where we want to go. We have said those on the floor time after time after time.

They include allowing small businesses to pool their resources so they can offer insurance to more of their employees. They include taking steps to stop junk lawsuits against doctors, which are driving up malpractice premiums and causing problems for patients. For example, many women who are pregnant in rural West Tennessee counties have to drive all the way to Memphis to see a doctor because doctors would not practice there anymore because of the high cost of medical malpractice premiums, which is driving up the cost of health care. We could create exchanges in each State so people could shop for individual insurance. We could allow people to buy their insurance across State lines. We all believe that if we did a better job of encouraging technology, we could reduce cost and reduce paperwork. All doctors and nurses and medical assistants know that.

Those are five steps we could take together to reduce cost, and we could begin to add to our rolls the 11 or 12 million people who are already eligible for programs we have today. That would make a big difference.

Instead, what our friends on the other side want to do is transform the system at a cost of closer to \$1.6 to \$1.8 trillion, when fully implemented. The question will be, Will it reduce our costs? That is why we want to read the bill. We want to know what it costs. This is not a bill. This is some pages of concepts. This is not a formal, complete estimate of its cost. That only comes when we have a bill.

We have had 8 Democratic Senators who have written to the majority leader and said what all 40 Republicans have said. The legislative text and the complete budget scores from the Congressional Budget Office that are going to be considered should be available on a Web site for 72 hours prior to the first vote. Democrats voted that down in the Finance Committee. They voted down the idea of allowing 72 hours to read a 1,000-page bill and to find out what it costs. Apparently, some Democrats are coming to their senses and saying: No, we would like to have the bill. We would like to read it. We would like to have a formal, complete score—their words—of what it costs, and then we will start voting. This is not a bill. These are concepts.